

Name in Full

Certificate of Death

Matilda C. Adams

Town

County

Died at

Orrisfield

Somerset

MARYLAND

Date 1902 May 9 Age 68 Y. M. D. Native of Md Occupation Housewife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 1

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Immediate

Rev. J. Adams

John H. Coof

Lagrip

Heart failure

10

Jason Coof

How long sick

One hour

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Paul Elmer Arnsby -*
Shelltown Somerset

Certificate of Death

Died at *Shelltown Somerset*

MARYLAND

Date 1902 *May 22* Month Day Y. M. D. Age *19 11 22* Native of *Pa* Occupation *Clerk*
Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~

Husband of _____
Wife _____
Father's Name *Oliver H. Arnsby* Mother's Name *Florence Lytle*

Cause of Death { Primary *Tetanus* Immediate *Asphyxia* } How long sick _____
Accident, Suicide, Homicide

Reported by *Frederick Adams M.D.*
Address *Pocomoke City Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Date 189

Husband of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Lucy Barclay
 Town Eden County Somerset

MARYLAND

1902 May 31st Y. M. D. Native of Md.
 Age 0 5-
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of
WifeFather's
Name

Mother's

Name

Cause of

Primary

Immediate

How long sick

Reported by

Address

Primary

Immediate

How long sick

Reported by

Address

Primary

Immediate

How long sick

Reported by

Address

Primary

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Immediate

How long sick

Reported by

Address

Primary

Immediate

How long sick

Reported by



Name In Full

Certificate of Death

Lesly T. Blades

Town

County

Died at

Parrsville

Somerset

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	5	2	3	6	3	Ind	—
Mala	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband

of Henrietta Blades

Wife

Father's

Name

Harry Blades

Mother's

Name

Cause of

Primary

Burns

How long sick

1 day

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

C. C. Ward

Address

Crisfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. C. C. Ward
of Crisfield Md.

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from C. C. Ward
of Crisfield

Name in Full

Certificate of Death

Frankil Buck

Town

County

Died at

Mt Vernon

Somerset

MARYLAND

Date 19

02

Month

Day

5-5-

Y.

M.

D.

Age

29

Native of

Somerset

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

6

Husband

of

Wife

Father's

Name

Did Buck

Mother's

Maiden Name

Easter Loris

Cause of

Primary

Confined

How long sick one day

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

C. W. Dashiell + B. W.

Address

Mt Vernon Somerset Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name In Full *Mary Costin*
 Town *Calloga* County *Frederick*
 Died at *Frederick* MARYLAND
 Date 1902 *5-5-04*
 Month *5* Day *5* Y. *4* M. *0* D. *0*
 Native of *Ind.* Occupation *Housewife*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of *George Costin*
 Wife
 Father's Name
 Mother's Name *Maeie Costin*
 Maiden Name
 Cause of Death { Primary *Apoplexy* Immediate
 How long sick *3 days*
lost
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charles T. Dixon

Town

County

Died at

Hopewell Somerset

MARYLAND

Date 1902

May 19th

Age

50 x

x

Somerset Co.

Occupation

Sailor

Male

yes

White

Married

Widow

Divorced

Female

Colored eyes

Single

no

Widower

40

Number of children living

one

Husband

of

Francis Dixon

Wife

Father's

Name

Charles T. Dixon

Mother's

Maiden Name

Cause of

Primary

Consumption

Immediate

Same

Death

How long sick

27

Six months

Accident, Suicide, Homicide

Reported by

W L Whittington

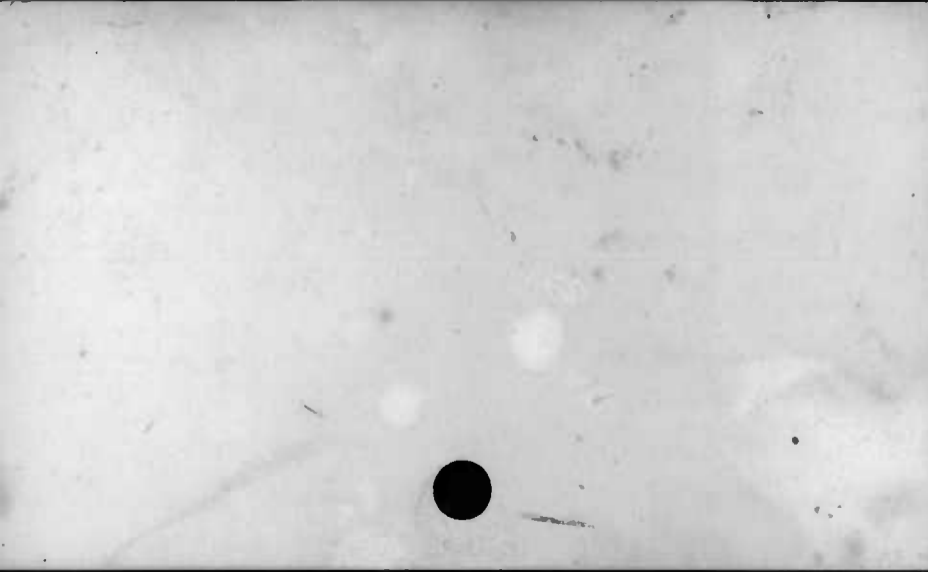
Undertaker

Address

Hopewell

Somerset Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Henry Stevenson Durham
 Town County

Died at Somerset - Co

MARYLAND

Date 1902 Month 5 Day 18 Age 70 Y. M. D. Native of Maryland Occupation Farmer
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Henry Stevenson Durham
 Wife
 Father's Name John Durham Mother's Maiden Name Collins

Cause of Death { Primary Consumption
 Immediate
 How long sick 3 years
 Accident, Suicide, Homicide

Reported by Dr. J. H. King

Address Pocomoke City, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Sydney F. Elliott,

Town

County

Somerset

MARYLAND

Died at

Date

1962

Month

Day

Y.

M.

D.

Native of

Occupation

May 14

Age 40

Som. Co.

farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Name not known

Wife

Father's

Name

Not known

Mother's

Name

Not known

Cause of

Primary

Brain trouble,

How long sick

3 days.

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr. Moulford

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Name In Full

Ce.

Mary Hall

Died at St. Peters Town Somerset County MARYLANDDate 1902 May 14th Month Day Y. 70 M. D. Native of md Occupation ---

Male	White	Married	Widow	Divorced
Female	Colored	Single	<u>Widower</u>	Number of children living <u>2</u>

Husband of

Wife

Father's Name

Mother's

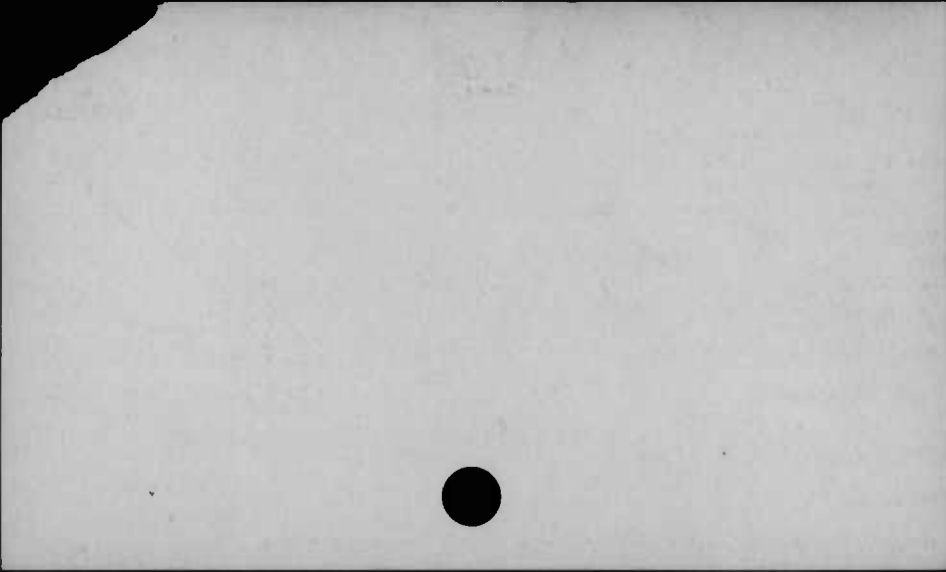
Maiden Name

Cause of	Primary	<u>Tuberculosis</u>	How long sick - <u>1st</u> <u>Added the case</u> <u>from May 8th, 02</u> Accident, Suicide, Homicide
	Death	<u>Exhaustion</u>	

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full


Certificate of Death

Samuel Wesley Hall


Died at ^{Town} Fairmount ^{County} Somerset MARYLAND

Date 1932 ^{Month} May ^{Day} 21 ^{Y.} 1 ^{M.} 9 ^{D.} - ^{Native of} Somerset ^{Occupation} None

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living --

Husband of 

Father's Name Lawrence Hall Mother's Name Mag Johnson

Cause of Death { Primary Gastritis How long sick One week
 Immediate  Accident, Suicide, Homicide

Reported by G. E. Dickinson

Address Upper Fairmount Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Leah Harriman

Died at ^{Town} Upper Fairmount ^{County} Somerset MARYLAND

Date 1902 ^{Month} May ^{Day} 11th ^{Y.} ^{M.} ^{D.} ^{Native of} Somerset ^{Occupation} Housewife
 Male ~~White~~ ~~Married~~ Widow ~~Divorced~~
 Female Colored ~~Single~~ ~~Widower~~ Number of children living One

Husband of _____
 Wife _____

Father's Name Don't know Mother's Name Don't know
 Maiden Name Don't know

Cause of Death { Primary Capillary Bronchitis How long sick About 7 months
 Immediate Heart Failure Accident, Suicide, Homicide

Reported by G. E. Dickinson

Address Upper Fairmount Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Harmon
 Died at Town Hammonds County Somerset MARYLAND
 Date 1902 Mar 5 - Y. M. D. Age 70-2- Native of MD Occupation Farmer
Male White Married Widow Divorced
Female Colored Single Widower Number of children living None
 Husband of Lah Harmon
 Wife Lah Harmon
 Father's Name Lah Harmon Mother's Name Lah Harmon

Cause of Death { Primary Consumption How long sick 15- months
 { Immediate " Accident, Suicide, Homicide

Reported by Dr. E. J. Miller

Address Hammonds Somerset Co, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

Orelunda M. Kinley Hudson

Town

County

Died at

Bees

Somerset

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 27

Age

1-7-

Med

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Geo. W. Hudson

Mother's

Name

Mary Ballard

Cause of

Primary

Broncho-Pneumonia

How long sick

10 days

Death

Immediate

Anthrax

~~Accident, Suicide, Homicide~~

Reported by

Address

J. G. Alexander
Bees Island, Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Eunice Jarrel

Died at ^{Town} Marion ^{County} Somerset MARYLAND

Date 1902 ^{Month} May ^{Day} 18 ^{Y.} ^{M.} 13 ^{D.} ^{Native of} Maryland ^{Occupation} Infant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ^{Colored} ~~Single~~ ~~Widower~~ ^{Number of children living}

~~Husband~~ or~~Wife~~

Father's Name Joseph Jarrel Mother's Maiden Name Rachel Jarrel

Cause of Primary Cold How long sick 3 weeks

Death Immediate Bronchial Infection Closed ~~Accident, Suicide, Homicide~~

Reported by Joseph Jarrel

Address Marion Sta md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Benjamin Jones

Died at Chances ^{Town} Somerset Co. ^{County} MARYLAND

Date 19 02 May 21 ^{Month} ^{Day} Age 72 ^{Y.} ^{M.} ^{D.} Native of Ind Occupation Farmer

Male White Married Widow Divorced Female Colored Single Widower Number of children living 13

Husband of Ariana Scott
 Wife of Samuel Jones Mother's Name Nancy Gibson
 Name Maiden Name

Cause of Primary 179 How long sick Sudden
 Death Immediate Accident, Suicide, Homicide

Reported by D. J. Windsor, M.D.
 Address Chances Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Harriet Jones

Died at ^{Town} Mt Vernon ^{County} Somerset MARYLAND

Date 19 02 ^{Month} 5 ^{Day} 29 ^{Age} 60 ^{Y.} M ^{D.} 0 ^{Native of} Somerset ^{Occ.} Hammock

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Wilos Jones ^{Mother's} Harriet Jones

^{Maiden Name}

Cause of ^{Primary} Asthma ^{How long sick} 2 Yrs

^{Immediate} 97 ~~Accident, Suicide, Homicide~~

Reported by C. M. Washell & BrosAddress Mt Vernon Somerset

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Tabitha Maddox

Town

County

Died at Westover

Somerset

MARYLAND

Date 1902 May 15

Month

Day

Y.

M.

D.

Native of

Occupation

Age 66 10 5

Md.

Domestic

~~Male~~
Female~~White~~
Colored~~Married~~
Single~~Widow~~
Widower~~Divorced~~

Number of children living

Three

Husband of

John Maddox

Wife

Father's Name Gudio Jones

Mother's

Maiden Name

Julia Ann Waters

Cause of

Primary

Dyspepsia.

How long sick

5 months.

Death

Immediate

Suffocation.

Accident, Suicide, Homicide

Reported by

George H. Hall

Undertaker.

Address

Manokin

Somerset Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Manual

Died at ^{Town} Marion ^{County} Somerset MARYLAND

Date 1902. ^{Month} May ^{Day} 8 ^{Y.} ^{M.} ^{D.} ^{Age} - 12 - 29 ^{Native of} Md ^{Occupation} _____

^{Male} ~~Female~~ ^{Colored} ~~White~~ ^{Single} ~~Married~~ ^{Widower} ~~Widow~~ ^{Number of children living} _____

^{Father's Name} William Manual ^{Mother's Name} Emma Manual

^{Cause of} { ^{Primary} Summer Complaint ^{How long sick} 2 months

^{Death} { ^{Immediate} ^{Accident, Suicide, Homicide}

^{Reported by} Moses W Jerald 105

^{Address} Marion Station Somerset Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

Catherine Wilson
 Died at Beal Island Somerset MARYLAND
 Town County
 Date 19 02 May 7 Age 29 Native of Mid Occupation housewife
 Month Day Y. M. D.
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 3

Husband of James Walter Jr.
 Wife
 Father's Name Joseph Wilson Mother's Name Hester Winsor
 Cause of Death { Primary Apoplexy (mitral stenosis) How long sick 2 weeks
 { immediate Asphyxia Accident, Suicide, Homicide

Reported by H. G. Alexander M.D.
 Address Beal Island Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gland Roosevelt Millburn

Died at ^{Town} Woods Island ^{County} Somerset MARYLAND

Date 1902 May 12 Month Day Y. M. D. Age 1-8 Native of Ind Occupation _____

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~ Female Colored Single Widower Number of children living _____

Husband of _____

Wife _____

Father's Name Vealy Millburn Mother's Maiden Name Esther Pirkens

Cause of Death { Primary Broncho-Pneumonia Immediate Dyspnoea 92

How long sick 1 week

Accident, Suicide, Homicide _____

Reported by W. H. Alexander

Address Woods Island Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name In Full

Certificate of Death

John Selson
 Died at ^{Town} Ainsfield ^{County} Somerset MARYLAND

Date 1902 ^{Month} 5 ^{Day} 18 Age 10 ^{Y.} - ^{M.} - ^{D.} - ^{Native of} Md ^{Occupation} _____

Male ~~White~~ Married ~~Widow~~ Divorced
 Female ~~Colored~~ Single ~~Widower~~ Number of children living _____

Husband of

Wife

Father's Name Thomas Selson Mother's Name ²⁷ ~~alleged~~

Cause of Death { Primary Tuberculosis of Lungs 6 months How long sick
 Immediate Haemorrhage Accident, Suicide, Homicide

Reported by

Address

G. T. Simonson
 Ainsfield Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary P. Lockus

Town

Crisole

County

Somerset

MARYLAND

Died at

Date 1902

Month

Day

May 9

Y.

M.

D.

Age

60

Native of

Md

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Acute Nephritis

How long sick

10 days

Death

Immediate

Uraemia

Accident, Suicide, Homicide,

Reported by

R. L. Hoff M.D.

Address

Crisole P.O., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

"His Son"

Town

County

Died at

Princess Anne Somerset

MARYLAND

Date

1902

Month

5

Day

26

Y.

M.

D.

1

Native of

Md

Occupation

—

Age

Male

White

MarriedWidowDivorcedFemaleColoredSingleWidower

Number of children living

Husband

of

Wife

Father's

Name

L. D. Pursey.

Mother's

Name

Cause of

Primary

Death

Immediate

As above

How long sick

By hours

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John E. Shores

Died at ^{Town} *Danvers Quarter* ^{County} *Somerset* *MARYLAND*

Date 19 *02* ^{Month} *May* ^{Day} *19* ^{Y.} *3* ^{M.} *6* ^{D.} *1* ^{Native of} *md* ^{Occupation} *—*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *—*

Husband of

Wife

Father's Name *Ernest Shores* Mother's Maiden Name *May H. Boyman*

Cause of ☒ Primary *Tuberculosis* ☐ Secondary *—* How long sick *3 mo*

Death ☒ Immediate *Asthma* ☐ Delayed *—* Accident, Suicide, Homicide ☐

Reported by *D. J. Winder, M.D.*

Address *Danvers Quarter Somerset Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Martha Sterling

Died at ^{Town} *Orisfield*^{County} *Somerset*

MARYLAND

Date 189 *02* ^{Month} *May* ^{Day} *3*^{Y.} *40* ^{M.} *0* ^{D.} *0*Native of *va*Occupation *House wife*~~Male~~
Female~~White~~
ColoredMarried
~~Single~~~~Widow~~
WidowerDivorced
Number of children living*4*Husband
of
Wife*Edward Sterling*Father's
NameMother's
NameCause of
Death { ^{Primary}
^{Immediate}*Consumption*How long sick
6 months

Accident, Suicide, Homicide

Reported by

W. F. Hall

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Mary Tull
Town *Tull's Corner* County *Somerset* MARYLAND
Died at

Date *1907 May 3* Age *26 years* Native of *Ind* Occupation *Housewife*
Month Day Y. M. D.
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *one*

Husband of *Frank H Tull* Mother's Name *Sallie Henderson*
Wife *Dr. Henderson*

Cause of Death { Primary *Burns.* Immediate
How long sick *4 hours*
Accident, ~~Suicide~~, ~~Homicide~~

Reported by *H. D. Gentry M. D.*
Address *211 Marian St.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

David Tyler

Town

County

Died at

Orizuela

Somerset

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 13

Age

78

Md.

Cyberman

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

1

Husband
of
WifeFather's
Name

Hutton Tyler

Mother's
Name

65

Cause of

Primary

Softening of the Brain

How long sick

two years

Death

Immediate

Accident, Suicide, Homicide

Reported by

H. F. Hall

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Edward Waters

Town

County

Died at

MARYLAND

Date 1902

Male

Month Day
May 28

Age

Y. M. D.
4 9

Native of

Md

Colored

~~Married~~~~Singl~~~~Widow~~

Number of children living

~~Husband~~
of

Wife

Father's

Name

Joseph R. Waters

Mother's

Maiden Name

Lena Maddox

Cause of

Primary

Diphtheria

How long sick

3 or 4 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

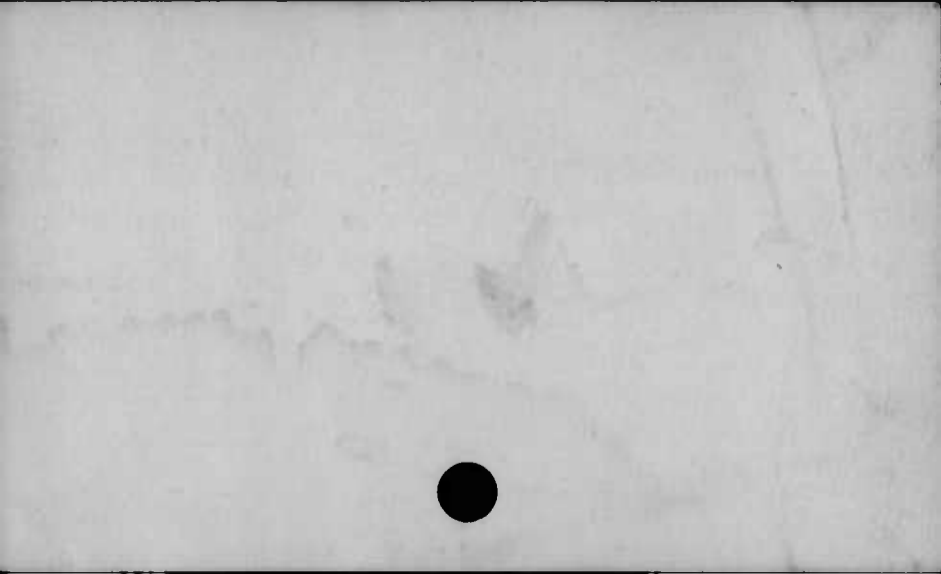
Dr G. W. Gill

Address

Moanahin

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Levin P. White

Died at ^{Town} *Danvers Quarter*, ^{County} *Somerset* MARYLAND

Date 19 *02* ^{Month} *May* ^{Day} *19th* ^{Y.} *63* ^{M.} *-* ^{D.} *-* ^{Native of} *Ind* ^{Occupation} *Oysterman*

Male ☒ White ☒ Married ☒ Widow ☐ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *4*

Husband of *Indiana Wallace*
 Wife of *Indiana Wallace*
 Father's Name *Levin White* Mother's Name *Elena White*
 Maiden Name *Elena White*

Cause of Death { Primary *Bright's Disease* How long sick *4 mos*
 { Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *P. J. Windsor, M.D.*
 Address *Danvers Quarter Somerset Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

